## Best Avaliable Cord

**Application or Docket Number** 

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED		NL	NUMBER EXTRA		] [	RATE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			13	3 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 7				minus	3 = *	. /			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	-
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	141
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ОТН				THAN ENTITY
			AIMS	To the same		HEST	(Column 3)	1 г			1		
AMENDMENT A		REMAINING AFTER AMENDMENT			NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	- 0	=	[	X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MU	JLTIPLE DEF	PENDEN	T CLAIM		] [	+130=		OR	+260=	
								L	TOTAL DDIT. FEE		OŖ	TOTAL ADDIT. FEE	
		_	umn 1)		_	mn 2)	(Column 3)						
AMENDMENT B		REM.	AIMS AINING TER IDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	N OF M	Minus	***	T CL AINA	=	1	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
											OR	TOTAL ADDIT. FEE	
			ımn 1)										
AMENDMENT C		REM/ AF	AIMS AINING TER DMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	1	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OF1		
• 1.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 2										OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												